Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

TWO CASES OF CONGENITAL MORBUS CORDIS WITH ATRESIA OF THE PULMONARY ARTERY AND OTHER DEFECTS.

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THE following two cases are examples of congenital morbus cordis with atresia of the pulmonary artery and other defects.

CASE 1.—The patient, who was a female child, aged three months, suffering from hare-lip and cleft palate, was admitted into the North-Eastern Hospital for Children for operation. The mother had several other children, all of whom were quite well, and there was no history or sign leading to the suspicion of a syphilitic taint. The patient, usually of a natural colour, was, however, subject to attacks of dyspnœa with cyanosis. Clubbing of the fingers or toes was absent and no heart murmur could be detected. The child died suddenly before any operation could be undertaken.

A post-mortem examination revealed the following state of the heart. The lumen of the pulmonary artery at its origin from the right ventricle and for nearly half an inch beyond was completely obliterated, the artery being represented by a firm fibrous cord; beyond this point the lumen became evident and expanded into a rather narrow but otherwise normal pulmonary artery. The cavity of the right ventricle was dilated and its walls were hypertrophied. The aorta, which was enlarged, arose from both ventricles but chiefly from the right. The interventricular septum was deficient at its upper part and the auricular septum was also incomplete. This specimen was exhibited at a meeting of the Society for the Study of Disease in Children in November, 1904.

CASE 2.—The patient was a child, six months old, who had been cyanotic since birth. There were three other children in the family, all of whom were healthy and no history of syphilis could be obtained. The only abnormal physical sign connected with the heart was a systolic murmur heard all over the præcordium but most distinctly in the position of the apex beat. Death took place from bronchitis and œdema of the lungs.

The condition of the heart found at the necropsy was as follows. There was no direct communication between the cavity of the right ventricle and the lumen of the pulmonary artery; this vessel commenced blindly at the upper part of the anterior wall of the right ventricle; there was no trace of the pulmonic semilunar valves. The cavity of the right ventricle was abnormally small and its lowermost part was rounded; the walls were enormously thick (considerably thicker than those of the left ventricle), especially towards the apex of the heart, where they measured nearly three-quarters of an inch through. The right auricle was very much dilated and its walls were somewhat hypertrophied; the foramen ovale was patent, admitting the tip of the index finger. The aorta, which was larger than usual, communicated with the pulmonary artery by means of the patent ductus arteriosus.

In the English and continental literature of the last ten years to which I have had access I have found only three cases of complete closure of the pulmonary artery recorded; one of these was reported by Dr. R. J. Probyn-Williams[1] and the other two are described by Dr. G. Carpenter.[2] Cade[3] reports a case in which the pulmonary artery was absent, its place being taken by a vessel which arose from the concavity of the arch of the aorta and divided into two branches which passed to the lungs.

For the clinical abstracts I am indebted to Dr. R. M. Im Thurn and Dr. Powell of the North-Eastern Hospital for Children and my thanks are due to Dr. W. A. Wills and Mr. E. C. Stabb for permission to publish these cases.

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[1] Transactions of the Obstetrical Society of London, vol. xxxvi., 1894, p. 3.
[2] Congenital Affections of the Heart, 1894, pp. 27–28.
[3] Lyon Médicale, vol. lxxxvi., 1897, p. 155.

A CASE OF SUDDEN AND FATAL ILLNESS WITH UNUSUAL SYMPTOMS.

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THE following case will probably be of interest on account of its sudden onset and extreme severity. At about 10 P.M. on Dec. 18th, 1904, I was asked to see a girl, aged 13 years, who was supposed to be in a fit. On arriving at the house I found the patient suffering from a most severe attack of chorea. She was surrounded by a group consisting of her mother and some neighbours who were endeavouring to hold her still, being afraid that in the violence of her movements she might break one of her limbs. The mother stated that on the previous day the girl was perfectly well until the evening. She had been in bed and asleep for over an hour when her mother, hearing her call out, went into the room and found her in what she thought was a fit, throwing herself about the bed and wildly jerking her limbs. She also complained of pain in her right leg but this soon passed off. I was not able to gather exactly how long this attack lasted but I should judge that it continued for about half an hour; the girl then went off to sleep for the rest of the night. In the morning she seemed much better and got up. She ate well, played about, and even helped to wash up the tea-things. On questioning the mother closely, however, I found that all day she had noticed occasional twitchings of the girl's face accompanied by jerky movements of the arms and the legs. At about 8 P.M. on that day—namely, Dec. 18th—she was again seized with the violent choreic movements and on my arrival at 10.30 P.M. was in the state which I have described above. With great difficulty I listened to her heart but could hear nothing abnormal. This condition of most violent choreic movements, during which the girl did not keep still for a moment, lasted until about 1 P.M., on the 21st when she suddenly became absolutely quiet, gradually sinking and dying at 5 P.M. So violent were the movements that the skin over the legs, the elbows, and the backs of the arms was rubbed quite raw. The child managed to take nourishment well up to the morning of the day of her death but she had had practically no sleep since the night of the 18th. The treatment consisted of abundant fluid nourishment with four-minim doses of Fowler's solution and five grains of bromide of potassium.

I have no reason to doubt the mother's statement as to the suddenness of the attack, though I find that the father had noticed a slight twitching of one shoulder for two or three days previously. On Dec. 15th I was at the house seeing a younger brother who was suffering from a slight attack of bronchitis and I then saw the little girl playing about apparently quite well. Could fright have been the cause of this attack? I find that the child had had two definite attacks of fear. The first occurred one night in the previous week when her younger brother with whom she was sleeping had a violent fit of coughing, both she and her mother fearing that he was choking with the phlegm. The second occurred on Dec. 16th in the following circumstances. She had gone to the house of a neighbour, who was bringing back the medicine for her brother. This woman has an epileptic girl who is a gibbering idiot and apparently the two children sat and stared at each other until the mother of the epileptic appeared with the medicine. When asked by her father on the night of Dec. 18th whether she had been frightened she mentioned this epileptic's name.

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A CASE OF PERNICIOUS ANÆMIA SHOWING MARKED IMPROVEMENT UNDER ARSENIC AND BONE MARROW.

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THE treatment of pernicious anæmia affords so many depressing experiences that it may be of interest to record a case of more hopeful significance. The patient, a woman, aged 55 years, first came under observation in October, 1903.